

FEC FORM 9**24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR
ELECTIONEERING COMMUNICATIONS**FEB 17 2004
Abu**1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations**

(a) Name

Swift Boat Vets and POW's for Truth

(b) Address (number and street) check if different than previously reported

P.O. Box 28184

(c) City, State and ZIP Code

Alexandria, VA 22313

(d) Name of Employer or Principal Place of Business

2. FEC Identification Number

C

(e) Occupation

| | | |
|---|--|--------------------|
| New | | 5 0 1 2 6 3 0 0 4 |
| 3. Is This Statement | | 4. Covering Period |
| + Amended | | through |
| | | 6 0 1 2 9 2 0 0 4 |
| 5. (a) Date of Public Distribution(s) 1 0 2 9 2 0 0 4 (b) Communication Title Nothing to Gain | | |
| 6. Is the Filer a Qualified Nonprofit Corporation under 11 CFR 114.10? Yes No / | | |
| 7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account? Yes / No | | |
| 8. Custodian of Records | | |
| (a) Name Weymouth D. Symmes | | |
| (b) Address (number and street) P.O. Box 28184 | | |
| (c) City, State and ZIP Code Alexandria, VA 22313 | | |
| (d) Name of Employer or Principal Place of Business | | |
| (e) Occupation Retired | | |
| 9. Total Donations This Statement 6 7 7 , 2 5 0 . 0 0 | | |
| 10. Total Disbursements/Obligations This Statement 4 9 0 , 6 7 7 . 7 7 | | |

Under penalty of perjury, I certify that this statement is true, correct and complete. In addition, if the electioneering communications reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Weymouth D. Symmes

SIGNATURE

NOTE: Submission of false, forged or incomplete information may subject the person making this statement to the penalties of 2 U.S.C. §437g.

DATE 11/17/2004